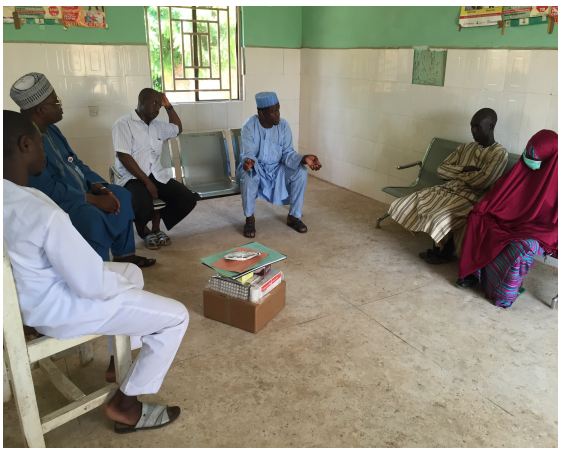

Challenge TB - Nigeria

Year 1

Quarterly Monitoring Report

July- September, 2015

Submission date: October 30, 2015

Table of Contents

Cover photos:

Pic 1. USAID, NTP, CTB staff and stakeholders at launch of Challenge TB project in Nigeria (Credit: Habiba Giwa Bello)

Pic 2 Counseling of an MDR-TB patient in Kankara LGA in Katsina State Nigeria (Credit: Ahmed Usman Enesi)

Pic 3. Health Care Workers from Tombia Health Centre, Community Volunteers, Members of Global Foundation for Orphaned Children CBO and the Eastern Obolo TBLS on their way to a TB sensitization outreach (Credit: Chukwuemeka, Ihesie)

Pic 4. Sensitization meeting with LG TBL Supervisors of LGAs supported by CTB in Osun State (Credit: Ijezie Chukwuemeka)

3. Quarterly Overview

Country	Nigeria
Lead Partner	KNCV Tuberculosis Foundation
Other partners	NA
Workplan timeframe	October 2014 – September 2015
Reporting period	July- September 2015

Most significant achievements:

The most significant achievement during the reporting period was the launch of the Challenge TB project in Nigeria on August 12-14, 2015. The USAID Nigeria Mission was represented Dr Susan Coleman and the local Mission TB team staff. Dr Coleman gave an insight on USAID's strategic purpose in supporting TB Prevention, Care and Treatment in Nigeria. She also expressed her confidence in the Challenge TB team to work effectively in achieving the results. Likewise the National TB program was also fully engaged with Dr Akang the National TB Program Coordinator leading the state program managers of the 12 Challenge TB (CTB) supported states who showed their interest and support of the kick off the CTB program. The NTP National Coordinator in his remarks noted that it takes a small team of dedicated individuals to make significant changes in the world and likened the CTB project team to the small team that can make the difference in TB control in Nigeria.

Prior to the commencement of CTB project in Nigeria, a TB situation assessment was conducted in the 12 CTB supported states. Findings from the assessment revealed that high proportions (33%) of DOTS (803) and 24% of Laboratory sites (177) were nonfunctional and had not reported cases for a quarter or more, in the 12 supported states. The CTB project as part of its intervention within the reporting period conducted site visits to a total of **112** DOTS and **55** Laboratory sites to assess for reactivation with reliable, quality TB diagnostic and treatment services. At the end of the assessment about **37.5% (42)** of the DOTS sites and **40**% **(22**) of laboratory sites assessed were reactivated. Some reasons for the non-reactivation of other sites include inadequate and shortages of human resources, very poor infrastructure with decay that will require huge investments in accessible road network amongst others. The remaining sites will be reactivated in the coming quarters.

In continued support for improved access to GeneXpert services for the diagnosis of TB and drug resistance TB, CTB procured and received 12 GeneXpert machines during the quarter. Due to high TB/HIV burden in Logo Local Government Area (LGA) of Benue state and the difficult and hard to reach terrain, members of the community have little or no access to GeneXpert services. KNCV laboratory staff conducted a site assessment and facilitated the installation of a GeneXpert machine in the LGA. Of **48** sputum samples taken for Xpert test during the installation, **12** were found to be smear positive for TB and the patients were immediately linked with the state TB program for TB treatment.

CTB, during the reporting quarter, engaged the service of Interra Network and established a CTB call center in country to answer callers questions on TB and TB services, providing basic information on TB facts and symptoms as well as monitoring TB activities in the field in the 12 Challenge TB supported states. A toll free number is provided for callers. The toll free number is 0800 CALL CTB (0800 2255 282) and information is provided in English and 4 other major languages (Yoruba, Hausa, Igbo and Pidgin). On October 7, 2015, the call center went 'live'.

Interra Networks

Call Center, Abuja

Call center staff at

Interra Networks

Another significant achievement during the quarter is the commencement of community programmatic management of drug resistance TB (PMDT) in Niger, Katsina and Ondo states. Prior to the commencement of PMDT services, in the three states a total of 25 patients over the 6 months period were on waiting list to be commenced on second line anti-TB drugs. Their ability to enroll on treatment was hindered by inadequate bed spaces at the DR-TB treatment centers across the country, and some patients' preference to receive care closer home. With the advent of the CTB project in the state, the state consilium team was formed and 5 day training was conducted to capacitate the state team and consilium members on management of DR-TB at the community level and 5 patients were enrolled on treatment in Niger. In Katsina state, 7 of the patients were enrolled on treatment, while 2 are awaiting hospital-based care while all 7 patients were enrolled in Ondo state. In 9 of 12 states, a total of **47 (35 male; 12 female)** patients were commenced on community PMDT in the states thereby curtailing the transmission of drug resistance strain of TB in the states. The remaining 3 states (Lagos, Kano and Cross Rivers) are supported by FHI 360 for community PMDT enrolment and all facility care enrolment in the 12 states are supported through Global Fund. The remaining patients will be enrolled in the coming quarter. Additionally, 25 contacts of enrolled MDR-TB patients in Niger were screened for TB and **3** (all males) were found to have drug-resistant TB (rifampicin-resistance) with rapid GeneXpert technology; all 3 are being enrolled into appropriate care.

Planning meeting with state TBL teams

Prior to the commencement of Challenge TB activities in each of the regions, with the leadership of the Regional Program Managers, planning meetings were held with state TB teams and local government area (LGA) TB Supervisors in the 12 states. The meetings aimed to sensitize the State TB program teams and LGA TBL supervisors on the planned implementation of the CTB project, and to solicit their support and collaboration in the implementation of the project in their states. Further, the proposed CTB strategies were discussed at the meeting. During deliberations, the participants reviewed the structure, coordination, baseline information and status of TB implementation including TB case notification performance time in the states. Participants discussed roles and responsibilities of state teams and LGA TBL Supervisors in meeting the required results of the Challenge TB project. State TB teams identified transportation, supervision, movement of drugs & commodities and communication logistics as their major challenges and one TB program manager requested the support of CTB to print and circulate already developed State TB operational plans. In all, a total of **41** persons (**22** male; **19** female) attended the meetings. By the end of the meetings, the participants were sensitized on the planned implementation of Challenge TB project, detailed plans were discussed, and the next steps for implementation of the CTB Project activities were planned.

During the period, Dr Jerod Scholten (KNCV HQ) paid a technical supervisory visit to Nigeria and visited one of the regional offices (Akwa Ibom). While in Akwa Ibom, Dr Scholten joined the regional and state teams to meet with the Commissioner of Health, the Permanent Secretary and Director, Public Health of Akwa Ibom state, and advocated for support of the state government on behalf of CTB project. The State, in response welcomed the team and pledged their support to ensure successful implementation of the project.

Picture 1: Dr. Scholten's advocacy visit to the Honorable Commissioner of Health, Akwa Ibom State, Ministry] of Health (AKSMOH)

Pic 2: Meeting with Dir. PHC and Disease Control, SMoH Osun state

Technical/administrative challenges and actions to overcome them:

The CTB project could only commence establishing the regional offices and hiring project officers after the approval of the work plan. Therefore, the hiring of staff and establishing regional offices with the necessary infrastructure took the bulk of the months of July and August. The majority of the staff came on board in August and implementation the CTB work plan commenced fully in September 2015. A challenge encountered during the reporting period was the expiration of the GF grant on June 30th, 2015. The approval of the extension plan only came in September, which affected the planning of some CTB activities—CTB works with the GF recipient to plan and coordinate the activities

Some of the CTB states' Project Officers experienced challenges while engaging with the state TB team, with other implementing partners at the state level. It is planned that the monthly partner coordination meetings will greatly reduce some of the challenges in the near future.

Similarly in some of the states there were challenges with bureaucratic procedures, which oftentimes slowed the progress and implementation of activities. Many of the CTB project officers (POs) in the states are also challenged by the bad terrain and poor road networks which make some communities inaccessible and travel to some of the communities difficult and hazardous. CTB will continue to engage with the state TB program teams to ensure quick implementation of activities in the respective states

4. Year 1 activity progress

Sub-objective 1. Enabling environment							
Planned Key Activities for the Current Year		**Planned Milestones**			**Milestone status**	**Milestone met? (Met, partially, not met)**	**Remarks (reason for not meeting milestone or other key information)**
	Activity #	**Oct 2014-Mar 2015**	**Apr-Jun 2015**	**Jul-Sep 2015**	**July- Sept 2015**		
Engage local CBOs to provide community education and outreach for case finding and treatment support in hard-to-reach areas (including 4 states: Akwa Ibom, Rivers, Cross River and Osun) - KNCV 4 states	1.2.1			• Mapping methodology/ tool developed with state TB program • Mapping of hard to reach areas initiated with STBLCO • 3 outreach activities held * 4 states	Meetings were held in Akwa Ibom, Lagos, Osun and Rivers states during the quarter with CBOs with the aim of introducing CTB project and activities. In all, a total **31** CBO and **53** CBO staff **(M26; F27)** participated in the meeting. Issues discussed during the meeting centered on roles and responsibilities of the CBOs in the Challenge TB project. A major outcome of the meeting was the mapping of all potential sites and settings for engagement to intensify TB case finding done, with emphasis on areas with low case detection, and high loss to follow up in the States. Some of the identified sites included churches, mosques and other religious centers, traditional homes (herbalists and birth attendants), brothels, Local communities etc. Also, a draft methodology/ protocol for conducting community education and outreaches was also developed during the meetings.	Partially met	Preparation is ongoing to conduct the outreaches next quarter
Develop context-specific messages to increase public awareness of TB symptoms and where to seek care for air messages	1.3.1			• 144 weekly radio messages aired	In a bid to create awareness on TB and TB service delivery, a total of **30,000** TB fliers were printed with information on available DOTS and laboratory services in each LGA for the 12 states. In addition during the quarter, CTB identified and engaged the	Partially met	The process for the development of the bulk SMS messages commenced during the quarter. The

				• Call center established	toll free number is provided at no cost to the caller. The toll free number is 0800 CALL CTB (0800 2255 282) and information is provided in English and 4 other major languages (Yoruba, Hausa, Igbo and Pidgin). On October 7th, 2015, the call center went 'live'. In addition, radio messages on TB awareness in local dialect were developed in 8 states. However only three states have commenced airing of the messages. In Osun state the message was developed and aired in (Yoruba) on prominent radio stations. Similarly in Niger state, messages were developed and aired in 5 local languages (English, Hausa, Gbagi, Nupe & Kambari) and in Benue (pidgin, Igede, Idoma and TV) languages. The messages were aimed at creating demand for TB service. The CTB toll free call number (0800 CALL CTB) was incorporated into the aired message to create an avenue for the public to seek more information about TB. All other states will commence airing within the next quarter Additionally, CTB created a face book page (www.facebook.com/challengeTBNigeria) to further create awareness on TB during the quarter.		
1) Sensitize HCWs to increase their awareness of TB symptoms, utilization of GeneXpert, and 2) distribute SOPs on TB case-finding and GeneXpert (12 states) - KNCV 12 states	1.3.2			• Project officers sensitize 3,024 HCWs and perform 1,440 supervisory visits.	Health Care workers during the quarter were sensitized to increase their awareness of TB symptoms, as well as availability and utilization of GeneXpert services in Kano, Katsina, Bauchi, Niger, Osun, Rivers, Enugu and Cross River states. During the training, the participants were also introduced to national SOPs on TB case-finding and the new GeneXpert diagnostic algorithm. Additionally, TB/HIV issues were discussed during each of the sessions and the participants were mentored on contact tracing, proper sputum sample collection, storage, transportation, biosafety measures and documentation based on NTP guidelines. Training methods included power point presentations; self and group study and exercises, role-plays and facilities. R&R tools, as well as sputum containers,	Partially met	Activity will continue next quarter as more Xpert machines are installed in the states.

					were given to each TB & Leprosy Supervisor (TBLS) and each facility in attendance in attendance in Cross Rivers. At the end of the trainings a total of **430** Health Care Workers **(192M; 238F)** including laboratory staff were sensitized.		
Update and print TB service delivery points directory (including AFB, DOTS and GeneXpert) and distribute to all health facilities in the state (12 states) - KNCV 12 states	1.3.3			• TB service delivery service points directories printed and distributed to all health facilities, LGA supervisors and professional/regulatory bodies	A total of **600** state TB directories were printed for distribution to public and private health facilities in the 12 supported Challenge TB states. The directories will provide information on the available DOTS center in each LGA and the contact information of the Health Service provider, the LGA TBLS as well as the State TB program Manager. CTB is planning to share the directories with professional regulatory bodies such as pediatric association, Association of General Medical Practitioners', Patent Medicine Vendors (PMVs) and CBOs etc. In addition, the directories are already being used by the call center operatives to provide support to callers in need of TB service information. The directory will be updated in 6 months' time to enable the inclusion of new facilities and GeneXpert sites.	Met	

Sub-objective 2. Comprehensive, high quality diagnostics							
Planned Key Activities for the Current Year		**Planned Milestones**			**Milestone status**	**Milestone met? (Met, partially, not met)**	**Remarks (reason for not meeting milestone or other key information)**
	Activity #	**Oct 2014-Mar 2015**	**Apr-Jun 2015**	**Jul-Sep 2015**	**July- Sept 2015**		
Assess factors related to non-performance of microscopy centers and institute appropriate actions to revitalize or replace those centers	2.1.1			1) TA provided from HQ. 2) Assessments conducted by 5 lab advisors. 3) On-site	KNCV conducted an assessment of the laboratory sites to determine the reasons for the non-functionality. This was with the intention to reactivate the non-functioning sites for improved TB service delivery and increased case notification. A team of	Partially met	The activity will continue next quarter.

				maintenance & mentoring provided 4) 75 centers made functional (i.e. through mx parts replacements and mentoring support)	consultants including KNCV staff, clinicians, M&E and laboratory experts in conjunction with selected state TB team undertook the assessment in the states. The team of experts visited a total of **55** laboratories in the 12 supported states and reactivated **22 (40%)** labs. Some of the laboratory issues identified during the assessment included the absence of work benches, stock out of reagent, inadequate staining unit, and poor infra-structure of the laboratories; in addition to lack of Infection control measures.		
Expand microscopy sites in low-coverage LGAs	2.1.2			1). Site selection checklist developed 2) Order 120 microscopes 3) 24 AFB mx centers established 4) Renovate and refurbish 24 labs. 5) Sensitization on biosafety procedures conducted.	Sites assessments have been conducted in the states for possible expansion of microcopy services. Where necessary in the identified sites, minor renovations will be carried out. So also CTB in conjunction with the HQ have placed orders for the procurement of the microscopes. The installation and training will commence after CTB takes delivery of the microscopes.	Not met	CTB is awaiting the delivery of microscopes from HQ
Hire 5 laboratory advisors to improve EQA and strengthen the lab network	2.1.3			5 laboratory advisors hired	Challenge TB during the reporting quarter hired a total of 5 laboratory advisors. One in each of the three regions (Kano, Lagos and Akwa Ibom). Additionally, Kano and Lagos state TB programs due to the large population and the peculiarities (disease burden); the states were supported with additional laboratory advisers to be embedded at the state TB program office to support laboratory activities in the 2 states. As part of their duties, the laboratory staff will provide technical assistance to states to improve the implementation of GeneXpert roll out and utilization, improve laboratory systems conduct supportive supervisory and mentoring visits in state as well as ensure the functionality	Met	Activity completed

					of laboratory External Quality Assurance Systems (EQA)systems.		
Review and harmonize laboratory documents, especially on strengthening of the networks, defining specific roles and alignment among the different available tests (AFB microscopy, ILED, Xpert and culture DST) including external quality assurance at all levels.	2.2.1				At various time during the reporting period, CTB laboratory and technical staff have participated in the Technical Working Group (TWG) and Country GeneXpert Advisory Team meetings (CGAT) meetings where issues pertaining to the development and review of SOP s and EQA are discussed. CTB will support the technical groups in the development of SOPs for extra-pulmonary TB detection using GeneXpert. The meeting is slated for the first week in October 2015.	Not met	Activity planned for next quarter
CSH: Procure additional GeneXpert instruments for priority areas not covered by GF and provide technical assistance for installation of GeneXpert machines procured through Global Fund, procure additional cartridges, and support maintenance activities	2.4.1			1) # of GXP sites for APA2 Assessed 2) Order Placed for all 10 GXPs, accessories, maintenance contracts; 10 machines procured . 3) 10% batteries & inverters replaced/repaired for existing machines	CTB during the quarter took delivery of **24** GeneXpert machines; 12 of which were from savings from TB CARE I and 12 for the CTB project. Possible sites for the installation of GeneXpert machines were assessed in Lagos, Bauchi, Kano Katsina, Cross Rivers, Akwa Ibom and Rivers states. The aim of the visits was to determine the suitability and readiness of the sites where the machines might be installed. As part of the assessment, existing gaps in the facilities which may hinder smooth installation and utilization of the machines were noted for possible interventions. Some of the key issues identified during the assessment include human resource challenges, absence of designated space for TB microscopy of GeneXpert installation, erratic power supply, lack of refrigerator for cold storage and lack of burglary proof on the entrance door or windows of identified spaces. In all, a total of **17** Gene expert sites were assessed in the states.	Partially met	The installation of the machines and training of government HCWs including Laboratory staff will take place next quarter
PEPFAR: Procure additional GeneXpert instruments for priority areas not covered by GF and provide technical assistance	2.4.2			1) # of GXP sites for APA2 Assessed 2) Order Placed for all 12 GXPs,	As part of the support towards improved laboratory services, CTB during the quarter procured and delivered a total of **12** GeneXpert machines. Assessments of sites were carried	Partially met	The assessment of sites and installation of the remaining

for installation of GeneXpert machines procured through Global Fund, procure additional cartridges, and support maintenance activities				accessories, maintenance contracts; 12 machines procured .	out in Benue state. Issues identified include the need for minor renovations such as roof patching, procurement of equipment (i.e. air conditioning, refrigerators), need for a workbench, staining sink etc. **Two** GeneXpert machines were successfully installed at NKST Anyii and St Vincent Hospital, Aliade. The assessment team seized the opportunity to sensitize health facility staff on the availability of GeneXpert service. In all **61 (M=40; F=21)** laboratory and health personnel were sensitized during the reporting period.		machines will take place next quarter
Develop sputum transport and GeneXpert result reporting systems for suspected DR-TB (12 states).	2.6.1			1).Twice weekly sputum /results movement 2). 1,908 Sputum boxes procured	As part of the preparatory process for the movement of sputum samples to improve access for DR-TB suspects, CTB with input from the regional officers developed a sputum delivery and results log sheet which is to be used to track the movement and retrieval of results for sputa movement to GeneXpert sites. The log sheet has been shared with the regional offices for use in the field. During the quarter, Niger state procured a total of **26** sputum boxes and shared to **13** health facilities mapped around **two** GeneXpert sites. However in Benue state where activities have commenced, a total of **146** sample were moved to GeneXpert sites.	Partially met	It is expected that the activity will commence fully next quarter
Under intervention area 2.7: Bio-safety measures in laboratories ensured (TO BE ADDED): Support biosafety measures in all laboratories supported by Challenge TB	2.6.2			1) Biosafety bags procured and distributed to all 126 sites. 2) Waste disposal unit distributed to all 126 sites.	CTB is currently liaising with USAID to obtain the standard and specification for the purchase of waste disposal unit.	Not met	

PEPFAR: Support biosafety measures in all laboratories supported by CTB	2.6.3			Medical Waste Disposal Unit Established	See above	Not met	
PEPFAR: Establish a sputum transportation system for PLHIV in two selected areas as a pilot	2.6.4			Sputum transportation system piloted in two states. States TBD	The CTB project in order to improve access to GeneXpert services; reduce the turnaround time of sputum sample results and delivery of specimens from identified presumptive TB patients from ART facilities in Akwa Ibom, Cross River, Lagos and Rivers states; CTB is in the process of engaging the services of a courier company Riders for Health to aid sputum transportation. As part of the terms of reference (TOR) the company will 1) transport sputum samples of presumptive TB clients from the peripheral facilities (twice per week) to GeneXpert and; 2) Retrieval of the results of sputum samples examined from GeneXpert sites and back to the health workers that made the requests for such examinations. At the end of the month, the company provides CTB with a monthly summary sputum sample movements and result retrieval. The mappings of the sites have been finalized; a detailed scope of work and budget was developed. Likewise a subcontract was drawn up and submitted by the organization to CTB. All these have been submitted to the PMU and USAID AOR for review and approval.	Not met	The activity will commence next quarter

Sub-objective 3. Patient-centered care and treatment							
Planned Key Activities for the Current Year	Activity #	Planned Milestones			Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone or other key information)
		Oct 2014-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	July- Sept 2015		
Integrate and link 5 selected pediatric service delivery points in each state for intensified case-finding (in 9 states) Lagos, Niger, Ondo, Osun, Akwa Ibom, Rivers, Cross River, Enugu, Katsina	3.1.1			1).45 Facilities sensitized 2). 600 copies of Pediatric desk guides re-printed and distributed 3). National tools (GeneXpert algorithm and R & R tools) distributed	In a bid to build on the gains of implementation of childhood TB approaches, CTB during the quarter identified 5 high load pediatric sites in each of the states of the Lagos Region (Osun, Ondo and Lagos) for the linking to State TB program for intensified case finding among children. From the states, **7** previously trained pediatricians who participated in the TOT organized by the NTP and participated in the review of the National Workers manual section on childhood TB and the training modules were identified and engaged to train medical and non-medical officers in the sites on the diagnosis of childhood TB. Advocacy was done to the management of selected pediatric sites in Osun and Ondo states during the quarter. Discussions during the meetings focused on demand creation, health education and increasing case detection amongst children. Even though activities are yet to commence fully, in all of the 12 states, a total of **339** children **(5.2%)** were notified all forms of TB cases during the quarter.	Partially met	A planning meeting with the pediatricians is slated for next quarter in the other states.
Work in collaboration with other PEPFAR/USG Implementing Partners (IPs) to integrate TB screening into Ophans & Vulnerable Children (OVC) programs in 8 states (Akwa Ibom, Lagos, Katsina, Bauchi, Kano, Niger, Enugu, Benue) KNCV 8 states	3.1.2			MoU with IPs established in each state	During the quarter, KNCV met with ARFH/LOPIN 1 Project Staff to discuss mechanism of collaboration between the ARFH LOPIN 1 Project and the KNCV Challenge TB Project in screening, diagnosis and management of orphans & vulnerable children (OVC) for TB in Lagos state. The meeting provided opportunities for both parties to share information regarding the Challenge TB project and the LOPIN 1 Project including intervention coverage and activities in the state. KNCV developed and shared detailed a step-by-step approach for the screening	Partially met	Screening of all enrolled OVC will commence in October 2015 through LOPIN 1 Project ongoing monthly home visits and HCT activities by Community Volunteers. The

					of all enrolled OVCs. A screening tool/questionnaire to be used for the intervention was also developed and shared with ARFH. NTP guidelines and SOPs on GeneXpert test criteria and the GeneXpert algorithm were also shared with ARFH. The Lagos state team will continue to work with the partners to provide technical assistance where necessary to the partners.		other states will commence activity next quarter
Link health services of large companies with NTBLCP structures in 5 states (Lagos, Rivers, Akwa Ibom, Kano and Cross River) KNCV 5 states	3.1.3			Large companies mapped and health services assessed	A series of visits were carried out to 4 clinics of large companies (Nigerian Ports Authority Clinic, Calabar; Bakor Medical Centre, Calabar; Goldie Clinic, Calabar and UNICEM Clinic, Calabar) in order to link health services of these companies with NTBLCP structures. Awareness was created on the need and mechanism for increased case finding in TB. The Cross River state directory of DOTS, microscopy and GeneXpert sites was given to each clinic visited for easy referrals for microscopy, GeneXpert and DOTS services. The major finding from the visit is that the health care workers are not conversant with the eligibility criteria for GeneXpert tests. The health workers were educated by the CTB team on visit.	Partially met	Activity will continue next quarter in the other states
Stimulate non - reporting DOTS sites. Engage private / Faith based health facilities for expansion of DOTS in 10 states (excluding Niger and Benue) KNCV - 10 states	3.2.1			1). Support ensured 2). Mentorship visits conducted. 3) 288 Monthly coordination meetings held 4).	As a follow on to the baseline assessment, with Challenge TB funds, KNCV conducted an assessment of the non-functioning DOTS and laboratory sites to determine the reasons for the non-functionality. This was with the intention to reactivate the non-functioning sites for improved TB service delivery and increased case notification. A team of consultants including KNCV staff, clinicians, M&E and laboratory experts in conjunction with selected state TB team undertook the assessment in the states. The assessment involved visits to some of the non-functioning DOTS. In all a total of **42** sites were re-activated during the quarter.	Partially met	Activity will continue next quarter

Engage patent medicine vendors (PMV) in identification and referral of Presumptive TB case finding, and treatment support in 5 states (Cross River, Lagos, Rivers, Kano & Katsina) KNCV-5 states	3.2.2			1).Mapping of CVs & PMVs completed 2). Regulatory body engaged 3). 5, 000 copies printed	Mapping of patent medicine vendors (PMVs) is currently ongoing in select communities with the aim of engaging them in the identification and referral of presumptive TB cases. As a follow on planning meetings with the PMVs will take place next quarter	Not met	
Establish and or Scale up ambulatory DR-TB care, including patient treatment adherence support (baseline investigation, auxiliary drugs, prevention and management of Adverse Drug Reactions) to 12 states - KNCV 12 states	3.2.3			1. Community PMDT established in 6 states and continued in remaining 6 states 2. quarterly supervisory visit conducted 244 patients provided patient support	Through the support of CTB, community PMDT services were commenced in Katsina, Ondo and Niger states during the quarter. As part of the preparatory process for the commencement of patients on treatment, hands-on training for state team members, TBLS and DOTS staff where the patients were identified were conducted. In all, a total of **29** Persons **(24M; 5F)** were trained. Additionally, adherence support including baseline investigation, prevention and management of adverse drug reactions, hearing devices as applicable, logistics and communication support for GHCWS and LGA TBL supervisors within the affected communities as well as logistics support were provided for the State DR-TB focal person during the quarter. In all, **47 (35M; 12F)** patients were enrolled on community DR-TB treatment during the quarter. However, two patients in Niger declined treatment while two others in Katsina state because of their poor clinical condition could also not be enrolled into community care. The state TB program is making efforts to transfer the patients into hospital-based care. In all, **74** patients are being provided patient support in the communities.	Partially met	
National introduction workshop on BDQ to introduce the necessary requirements/conditions for the roll out of Bedaquiline in Nigeria	3.2.5			Workshop conducted	Due to the huge TB burden in Nigeria and the potential magnitude for the detection of XDR TB, Challenge TB is supporting a technical assistance mission to the country to provide support on the use of Bedaquiline the new approved drug for the treatment of extensively drug resistant TB (XDR-	Partially met	The workshop is billed to take place in 2nd week in November 2015

					TB). To this end, meetings have been held with the National TB program, The World Health Organization (WHO) and The Global Fund to discuss around the planning and coordination of the visit as well as to seek an international facilitator for the provision of the technical assistance. The visit is planned for the second week in November.		

Sub-objective 4. Targeted screening for active TB							
Planned Key Activities for the Current Year		**Planned Milestones**			**Milestone status**	**Milestone met? (Met, partially, not met)**	**Remarks (reason for not meeting milestone or other key information)**
	Activity #	**Oct 2014-Mar 2015**	**Apr-Jun 2015**	**Jul-Sep 2015**	**July- Sept 2015**		
Implement contact tracing for bacteriologically positive pulmonary TB cases in 12 states (this will be coordinated with other USAID partners for Benue, Bauchi & Kano)	4.1.1			1). 500 copies of SOPs printed and distributed 2). 60 sputum transportation boxes procured 3). Enablers provided for all HCWs	The process for the implementation of contact tracing is being instituted in the states with the identification of health facilities where the activity will be implemented. The activity will take place next quarter in the states.	Not met	This activity will continue next quarter

Sub-objective 7. Political commitment and leadership							
Planned Key Activities for the Current Year		**Planned Milestones**			**Milestone status**	**Milestone met? (Met, partially, not met)**	**Remarks (reason for not meeting milestone or other key information)**
	Activity #	**Oct 2014-Mar 2015**	**Apr-Jun 2015**	**Jul-Sep 2015**	**July- Sept 2015**		
Follow- up to ensure finalization of State operational plan for 6 states (Lagos, Akwa Ibom, Rivers,	7.1.1			Operational Plan developed for 6 states (Lagos, Kano, Rivers, Bauchi,	Activity is yet to commence	Not met	The activity will take place next quarter

Kano, Katsina, & Bauchi)				Katsina, Akwa Ibom)			
Provide technical assistance to state teams on quality improvement (effective planning, supervision and data analysis and utilization) for all 12 states.	7.2.1			1). 12 project officers hired 2). 2 lab. advisors hired	CTB during the quarter recruited and hired 12 project officers (one in each of the 12 states) to support the effective implementation and achievement of CTB results. As part of the functions of the project officers is the support of the state programs on coordination and implementation of TB activities, especially the CTB program activities. Additionally the officers will provide oversight of the implementation all key thematic program activities	Met	See activity 2.1.3 for the recruitment of laboratory advisers
Organize quarterly a 1 day partner's forum meeting in 12 states	7.2.3			State partners forum meeting held	The project officers in the 12 respective states informed the state TB program managers of the available resources for a quarterly partners' coordination meeting in each of the state for effective planning and smooth program implementation. The meetings will commence next month.	Not met	The meetings will commence next month.

Sub-objective 10. Quality data, surveillance and M&E							
Planned Key Activities for the Current Year		**Planned Milestones**			**Milestone status**	**Milestone met? (Met, partially, not met)**	**Remarks (reason for not meeting milestone or other key information)**
	Activity #	**Oct 2014-Mar 2015**	**Apr-Jun 2015**	**Jul-Sep 2015**	**April – June 2015**		
Integrate data quality variables into the supervisory checklist and assess data quality bi-annually for 12 states	10.1.1			1). SOP on data quality developed 2). Data QA and mentorship	A meeting was held between CTB, the NTP and GF during the quarter on the development of SOP for data quality. It was agreed at the meeting that the development of an SOP be delayed to	Partially met	The activity will continue next quarter

				provided	allow us to identify issues that may arise in the ongoing pilot of e-tb manager for susceptible TB that can be addressed in the SOP. Furthermore, as part of CTB plan to ensure effective program implementation and good quality data, CTB regional staff (program, Lab & M&E) staff conducted scheduled visits to the 12 states during the quarter. Twenty eights (28) visits were planned however **36** visits were conducted. During the visits issues regarding effective program implementation were identified such as ensuring that CTB project officers have a work plan and follow the activities in the work plan. Similarly some facilities were identified and visited. Supportive mentoring was carried out with facility staff. Issues and challenges identified were resolved		
Plan and conduct an inventory assessment for TB services to evaluate the extent of under-notification of diagnosed cases of TB in Lagos State; this is an operational research to establish the true TB case notification, it is believed that more TB cases are diagnosed and managed in facilities not linked or reporting to NTP.	10.1.2			1). Inventory assessment protocol developed	Activity is yet to commence	Not met	

Sub Objective 12. Technical Supervision							
Planned Key Activities for the Current Year		**Planned Milestones**			**Milestone status**	**Milestone met? (Met, partially, not met)**	**Remarks (reason for not meeting milestone or other key information)**
	Activity #	**Oct 2014-Mar 2015**	**Apr-Jun 2015**	**Jul-Sep 2015**	**April – June 2015**		
Technical supervision	12.1.1			1 T.A visit (9)	A total of **6 (67%)** out of the 9 technical supervision took place during the quarter from KNCV HQ to the country team. The technical supervision cove red diverse areas such the provision of support in hiring of staff for the CTB project and the development and finalization of CTB work plan. Oversight functions were also provided the Nigeria CTB team in the commencement and implementation of the CTB work plan.	Partially met	The visits that did not take place during the quarter have been rescheduled for next quarter

3. Challenge TB's support to Global Fund implementation in Year 4

Current Global Fund TB Grants

Name of grant & principal recipient *(i.e., Tuberculosis NFM - MoH)*	**Average Rating***	**Current Rating**	**Total Approved Amount**	**Total Disbursed to Date**	**Total expensed** *(if available)*
IHVN	A2	A2	$35.2Million	$16.3 Million	NA
ARFH	B1	B1	$95.1Million	$81.1 Million	NA

** Since January 2010*

In-country Global Fund status - key updates, current conditions, challenges and bottlenecks

The GF Round 9 Phase 2 TB and MDR-TB grants ended in June 30, 2015 and an interim 6 months' work plan was approved for both TB and MDR-TB grants for July – December, 2015. The areas of focus for the 6 months TB grant include the Procurement of 1st line drugs, diagnostics and consumables for AFB microscopy. For 22 priority states, 12 of which CTB and GF will co-locate efforts will be directed at active TB case finding in vulnerable populations; expansion of DOTS & microscopy services; tracing and screening of contacts of TB patients; lost to follow-up tracking; provision of recording and reporting tools; routine supervision and monitoring.

While for the MDR-TB grant, area of focus will be procurement of 2nd line drugs, support of TB reference laboratories (capacity building, EQA, commodities); support of DR-TB treatment centers (maintenance, capacity building); support GLC technical support for MDR-TB related services. However in 25 high burden states emphasis will be on providing support for sample shipment; Xpert cartridges; capacity building of state DR-TB teams, community volunteers and treatment supporters; provision of patient support and treatment monitoring for patients on ambulatory care.

Additionally, the work plan and budget for New Funding Model (NFM) for TB and MDR-TB grants (January, 2016 – December, 2017) was finalized with the GF Nigeria Country team in Geneva. The NFM work plan has been submitted to the NFM work plans submitted to Technical Review Panel (TRP) for review and recommendation to the Grant Approval Committee and final recommendation to the GF board. The work plan and budget are expected to be approved by December, 2015.

Challenge TB & Global Fund - Challenge TB involvement in GF support/implementation, any actions taken during this reporting period

CTB staff as part of its support to GF program implementation participated in the 3rd quarter PR/SRs planning meeting held on August 3-4, 2015. The purpose of the meeting was to provide stakeholders an Orientation on the NFM strategies and key activities of the 6-month plan. Present activity accomplishment and update on close plans for Round 9 Phase 2 as well as finalization of outstanding costing of state-specific operational plans in order to meet the submission deadline were discussed. . CTB provided information towards the finalization of the NFM work plan and budget and participated in the process of allocation of LGAs in the 12 states supported by Global Fund and USAID.

4. Success Stories – Planning and Development

Planned success story title:	Challenge TB Eliminates the waiting list for Drug Resistant TB in Niger State
Sub-objective of story:	3. Patient-centered care and treatment
Intervention area of story:	3.2. Access to quality treatment and care ensured for TB, DR TB and TB/HIV for all risk groups from all care providers
Brief description of story idea:	Although Minna General Hospital in Niger state has a GeneXpert machine for diagnosis of tuberculosis and drug-resistant tuberculosis, no hospital in Niger has a ward for inpatient management of drug-resistant tuberculosis. As a result, there were nine patients on the waiting list for treatment for drug-resistant tuberculosis at specialist facilities in other states—including in Zaria, Kaduna state and Ibadan, Oyo state—far from patients' homes in Niger. On project startup, Challenge TB immediately sent a team to assist the Niger State Tuberculosis and Leprosy Control Programme to establish a program for community-based management of multiple drug-resistant TB to alleviate the waiting list for treatment. The team included two staff from the project and three from the National Tuberculosis and Leprosy Training Centre, Zaria who have multiple drug-resistant tuberculosis expertise. Their task was to provide training for the staff of the state tuberculosis control program, Minna General Hospital and other facilities in the state, along with the local government tuberculosis and leprosy supervisors and staff of DOTS sites for the local governments where the patients on the waiting list live. The training, which in part was a training-of-trainers, covered the diagnosis and treatment of drug-resistant tuberculosis in the community. As part of the training, the facility staff were to enroll all the drug resistant tuberculosis patients from the waiting list on treatment without further delay. While the Challenge TB team was working in Niger, a tenth patient with drug resistant tuberculosis was identified using GeneXpert. Sadly, two of nine the patients on the waiting list had died and a third was not traceable. The team ensured that the health workers ordered the necessary screening tests and dispatched sputum samples for culture and sensitivity testing to the National Reference Laboratory, Zaria. GeneXpert testing demonstrated that one patient had an unusual non-tuberculosis mycobacterium infection. All the patients were commenced on treatment, eliminating the waiting list. The team also worked with the local government supervisors for the two patients who had died, to ensure that the family and any others living in the household are screened for tuberculosis. Without this Challenge TB intervention, there would still have been an increasingly long waiting list and more patients would be likely to die before they received treatment; and more family members and others in the household would be infected with drug-resistant tuberculosis. Even when a bed became available at a specialist treatment facility, many patients would not go to a distant facility in another state either because they could not afford to travel there or because they would be too far from their family during the inpatient intensive phase of their treatment. Many people are frightened of dying in a strange place far from their homes and families. They prefer to accept death rather than risk dying away from home, by going for treatment.

Suleiman Ibrahim had had little sleep for weeks. He was disturbed by a persistent cough that kept him awake at night. The pain in his chest from coughing was unbearable. Suleiman's brother took him to Minna General Hospital in 2014. He underwent some tests, and GeneXpert testing determined he had tuberculosis and that it was drug-resistant. He was put on the waiting list for treatment when a bed became available. Suleiman had not worked for more than a year, and could not afford to travel at his own expense to a treatment center in a distant facility in another state. He and his family were increasingly worried as his condition worsened without treatment.

Then, when Challenge TB came to Minna General Hospital, Suleiman was enrolled on community-based treatment. He found community-based treatment more appealing than being confined in a hospital ward for the first 8 months of his 20 month treatment, and both he and his wife were delighted that after only the first two weeks of his treatment, he was already sleeping better!

Status update: Completed

Planned success story title:	**A Stitch in Time Saves 15! Installation of GeneXpert machine at St Vincent Hospital, Aliade, in Benue State improves diagnosis of TB/ HIV coinfection**
Sub-objective of story:	3. Patient-centered care and treatment
Intervention area of story:	3.2. Access to quality treatment and care ensured for TB, DR TB and TB/HIV for all risk groups from all care providers
Brief description of story idea:	It is said *that every person infected with tuberculosis who is not treated* has the possibility of spreading the infection to 15 more people. Before the advent of GeneXpert tests for tuberculosis, diagnosis of pulmonary tuberculosis could take as long as 90 days. Using sputum microscopy, many tuberculosis infections in persons living with HIV were missed. The Challenge TB team arrival at the St Vincent Hospital in Benue State proved very timely, for an in-patient at St. Vincent hospital. His investigations had diagnosed that he was living with HIV but his sputum microscopy results came back as negative for tuberculosis bacteria. He was about to be discharged when the CTB team arrived to install a GeneXpert machine that is used to diagnose tuberculosis infections in persons living with HIV and to identify drug resistant tuberculosis. The Challenge TB team requested that all patients who were living with HIV be tested using the new GeneXpert machine. Sputum tests were conducted as part of the initial training for the laboratory staff who would be doing future tests, and results were available within two hours.  Lab worker preparing sputum sample for GeneXpert analysis, St Vincent Hospital  A patient receiving his GeneXpert test result, St Vincent Hospital, Aliade, Benue State The first three samples tested during the Challenge TB training for the staff at St Vincent Hospital included sputum from the man living with HIV who was about to be discharged. He tested positive for tuberculosis. The staff were astonished that a man whose sputum was negative for tuberculosis on microscopy, was actually infected with tuberculosis, Over the three days that the Challenge TB team was conducting GeneXpert training a St Vincent Hospital, the trained staff referred many patients for GeneXpert testing.

	Of a total of **48** patient sputum samples, **12** samples tested positive for tuberculosis. Re-testing HIV infected patients who were negative for tuberculosis on microscopy using GeneXpert machines, (which are very sensitive and can detect the presence of very small numbers of bacteria), proved to be critically important. Identifying previously undiagnosed tuberculosis infections helped prevent the discharge of people with tuberculosis into their communities with untreated infections where they might infect others in their family and household and have poor outcomes from untreated or late treated TB. The two persons living with HIV, who were found to be infected with tuberculosis on re-testing with the GeneXpert test, have a significantly better chance of survival now that their tuberculosis disease is diagnosed and treated. Identification of tuberculosis in people living with HIV who were previously thought to be free from tuberculosis proved very motivating for clinicians— as indicated by an immediate uptake of GeneXpert testing by the clinicians. Challenge TB has now included re-testing of people living with HIV into the first day of all GeneXpert trainings.
Status update: Completed	

Planned success story title:	**Going Where Others Did Not Dare To Go: Bringing Community Based Treatment to Logo Government Area, Benue State**
Sub-objective of story:	3. Patient-centered care and treatment
Intervention area of story:	3.2. Access to quality treatment and care ensured for TB, DR TB and TB/HIV for all risk groups from all care providers
Brief description of story idea:	For a very long time, the Logo, local government area in Benue has been a no go zone for most people, as the region is only accessible via a long, very bad road, or an unsafe ferry across the Benue river. Also, the terrain leading to the river and the district is in dreadful condition and off-putting to visitors. Although the community is vulnerable to HIV and TB infection, the journey has deterred health providers and partners from going to Logo (NKST Anyii) to provide the residents with necessary health services. However, the CTB team was unfazed by all these obstacles. They overcame all their anxiety, and went where others would not venture to install a GeneXpert machine, needed to diagnose TB in HIV infected people as well as to identify drug resistant TB infections. The quest involved physically shipping cartons of TB drugs and a GeneXpert machine across the mighty Benue River that was in full spate during the rainy season. On arrival at the local government, the team learned that over 7000 persons were living with HIV. Infection with HIV is an important risk factor for developing tuberculosis—people living with HIV are from 26-31 times more likely to develop TB than people who are not infected with HIV. However, with intensified case finding and preventative interventions such as isoniazid preventative therapy (IPT), tuberculosis infection control can reduce both the incidence of TB among PLHIV and death from TB infection.

Prior to CTB installation of a GeneXpert machine, patients from this local government area and surrounding areas were usually referred to medical facilities in Makurdi for TB-HIV coinfection diagnosis. The trip to Makurdi takes over 5 hours and this tedious and expensive journey often discouraged the sick from traveling to obtain medical attention. Indeed, the journey was often viewed as a death sentence, and patients defaulted from treatment, preferring to stay home to die. As a result, numerous patients from this district were lost to follow-up or defaulted on treatment.

During the installation of a GeneXpert machine at NKST Anyii in Logo LGA, a total of **23 (16M; 7F)** staff were trained to use the GeneXpert machine for diagnosis of TB in HIV–infected people and drug resistant TB without the need to travel to Makurdi. Thanks to Challenge TB and its support to community based treatment of drug resistant TB, the difficulties accessing diagnosis and treatment are now in the past for the people of Logo. Effective TB diagnosis, and treatment is now available at their door steps.

Status update: Completed

Planned success story title:	A Healthy Appetite Back At Last!
Sub-objective of story:	3. Patient-centered care and treatment
Intervention area of story:	3.2. Access to quality treatment and care ensured for TB, DR TB and TB/HIV for all risk groups from all care providers

Brief description of story idea:	Thirty three year old Mr Hamza Leiman is a husband and father to a 3 year old daughter. A family man, he is the bread winner in his family and, although he does not have any formal education, he has managed to provide for his family's basic needs. In 2012, his wife was concerned about his significant weight loss and constant cough. She urged him to seek medical help. He obliged, was diagnosed with TB and began treatment in 2012. In 2013, he was discharged, cleared of TB.  ***Mr Hamza Leiman at Paiko Town Clinic*** Calamity struck a second time, when he began coughing profusely and this time he became bedridden. Hamza lost his appetite and lost a tremendous amount of weight. His speech became faint and both sides of his chest hurt him whenever he tried to talk, cough or laugh. As a result, he was not able to work and provide for his family. He explained that these were tough times for him and his wife. As his health deteriorated, his concerned wife urged him to visit a medical facility for another checkup. This time around, at Paiko Town Clinic, he was tested using GeneExpert technology and informed he now had drug resistant, TB. As CTB had just assisted the Niger State Tuberculosis & Leprosy Control Programme to set up a community-based program for treatment for drug resistant TB, Hamza immediately started treatment without the need to go on a waiting list for treatment in a specialized ward in another state. After three weeks on treatment, Hamza reported that he had added a few pounds weight. He explained that the pains in his chest had greatly reduced and that his voice was again audible; for the first time in a long time he could have a proper conversation with his wife and others he met. Although he had been on treatment for only three weeks, he was very hopeful and optimistic. He knew his treatment involved a long course of daily medications, but he did not mind the regular visits to the Paiko Town Clinic. For him, benefits of immediate diagnosis and treatment he has seen so far outweigh everything else. Of all the improvement seen, the most remarkable for him was the increase in his appetite. He reported that even as he was

	speaking, he was hungry and thinking of food.
Status update: Completed	

Quarter	Number of MDR-TB cases detected	Number of MDR-TB cases put on treatment	Comments:
Total 2010	21	23	The Nigeria GeneXpert algorithm states that once rifampicin resistance is detected, the patient is enrolled on treatment pending a DST culture result for confirmation. Data reported for DR-TB cases detected for 2010-2013 is obtained from WHO TB Global Report while for 2014 is from NTP 2014 annual Report. All data on number put on treatment is from NTP. Data for July –Sept 2015 is not yet available as state review meetings are ongoing. However in the CTB supported state 77 rifampicin-resistant TB cases were detected during the quarter while 47 were enrolled into community care with the support of CTB.
Total 2011	95	39	
Total 2012	107	225	
Total 2013	669	432	
Total 2014	798	423	
Jan-Mar 2015	270	110	
Apr-Jun 2015	304	164	
Jul-Sep 2015	77 (CTB)	47 (CTB)	
Oct-Dec 2015			
Total 2015			

5. Challenge TB-supported international visits (technical and management-related trips)

#	Partner	Activity Code	Name	Purpose	Planned month, year	Status (cancelled, pending, completed)	Dates completed	Duration of the visit (# of days)	Debrief presentation received	Summary report received	Final report received	Additional Remarks (Optional)
1	KNCV		Ineke Huitema	Staffing operation	June-July 2015	Complete	June 20-03/07/2015	14 days	Yes	Yes	No	A 2 page summary report was provided and oral debriefing was held with the country Director and Senior Admin & Finance Officer.
2	KNCV	12.1.1	Ms Ellen-Jane Burgrust	Technical Supervision	July – Sept 2015	Pending			Choose an item.	Choose an item.	Choose an item.	
3	KNCV	12.1.1	Mr Jan Willem Dogger	Technical Supervision	April – June 2015	Complete	22/05/2015	5 days	No	No	No	Activity has been completed Revised Work plan submitted 30th June
4	KNCV	12.1.1	Dr Maarten van Cleeff	Technical Supervision	April – June 2015	Complete			No	No	No	Activity has been completed
5	KNCV	2.1	Dr Kathleen England	Technical Supervision	April – June 2015	Pending			Choose an item.	Choose an item.	Choose an item.	
6	KNCV	12.1.1	Dr Jerod Scholten	Technical Supervision	April – June 2015	Complete			Choose an item.	Choose an item.	Choose an item.	Activity has been completed

#	Partner	Activity Code	Name	Purpose	Planned month, year	Status (cancelled, pending, completed)	Dates completed	Duration of the visit (# of days)	Debrief presentation received	Summary report received	Final report received	Additional Remarks (Optional)
7	KNCV	12.1.1	Ms D'Arcy Richardson	Technical Supervision	April – June 2015	Complete			Choose an item.	Choose an item.	Choose an item.	Activity has been completed
8	KNCV	10.2.1	Dr Ellen Mitchell	Epidemiological Assessment and results incorporated into national strategic plans		Pending			Choose an item.	Choose an item.	Choose an item.	
9	KNCV	12.1.1	Ms Christina Mergenthaler	Technical Supervision	April – June 2015	Complete	22/05/2015	5 days	No	No	No	Activity has been completed. The draft work plan was produced as deliverable and work plan submitted 30th June
10						Choose an item.			Choose an item.	Choose an item.	Choose an item.	
11						Choose an item.			Choose an item.	Choose an item.	Choose an item.	
12						Choose an item.			Choose an item.	Choose an item.	Choose an item.	
Total number of visits conducted (cumulative for fiscal year)							6					
Total number of visits planned in approved work plan							9					
Percent of planned international consultant visits conducted							66.7%					